City of Fairview Heights
LIQUOR LICENSE APPLICATION
Office of the Mayor
618.489.2010
NEW BUSINESSES ONLY

Please send completed application to:
City of Fairview Heights
Mayor's Office
10025 Bunkum Road
Fairview Heights, IL 62208

TO THE MAYOR OF THE CITY OF FAIRVIEW HEIGHTS, ILLINOIS, for a license to sell at retail, alcoholic liquor, pursuant to City of Fairview Heights Liquor Code, Chapter 21.

Please answer **ALL** questions. Applications will not be accepted unless all questions are answered. Please put N/A if the question does not pertain to you.

Have you verified with the City of Fairview Heights Land Use Department that the location you are applying for has a valid site approval?
_____YES _____NO

Please check below the appropriate class license for which you are making the application – see Section 21-3-2.

CLASS A ___ Bars/Video Gaming Establishments (Limitation of Licenses) CLASS B ___ Gas Stations/Liquor Stores/Grocery Stores, etc.

CLASS C ___ Clubs CLASS D ___ Restaurants (must consume 25% food each month) may conduct video gaming

CLASS E ___ Hotels CLASS F ___ Golf Course CLASS G ___ Gas Stations with a convenience store/video gaming (must follow restrictions)

CLASS H ___ Banquet Centers

Liquor License fees:
Class A to F – One-year license: $858.00, Six-month license: $504.00, Class G – One-year license: $1,008.00 (no six-month license), Legacy license: $433.00 (Business that has been in continuous operation at the same location and current name in Fairview Heights for 30 years or more), Class H license: One-year $433.00. **A current copy of your Certificate of Insurance must be attached to this application along with a copy of your St. Clair County Health Department permit (if licensed establishment is required to have such permit), and a copy of your lease.**

Are you applying for a subclass license? Please see Section 21-3-2, I & J, & complete Section V OR VI of the application. _____YES _____NO

Sections I-VI (as defined below) requires information necessary in order to complete this application. **Please fill out the section appropriate to your particular type of operation.**

SECTION I	Requires information relating to an **INDIVIDUAL** making application for license.
SECTION II	Requires information relating to a **PARTNERSHIP** making application for license.
SECTION III	Requires information relating to a **CORPORATION** making application for license.
SECTION IV	Requires information relating to a **LIMITED LIABILITY COMPANY** making application for license.
SECTION V	Requires information if applying for a **SUBCLASS "1"** License (outdoor seating – Class A, C, D, or E license only may apply)
SECTION VI	Requires information if applying for a **SUBCLASS "2"** License (retail sale of alcoholic liquor in the original, unaltered packaging for consumption off the premises – Class D license only may apply)

This section must be completed by all applicants.

1. Name of applicant:_____
   Circle one: individual, partnership, corporation, or limited liability Company

   Address of individual, partnership, corporation, or LLC: _____

   Phone number of individual, partnership, corporation, or LLC:_____

   Email address:_____

2. Name under which business is to be conducted: _____

3. Address for place of business for which this application is made: _____

   Phone number **(must have land line)**: _____

4. Is this location within 100' of any boundary line of a church, school, hospital, home for the aged or indigent persons, nursing home, or home for veterans, their wives or children, or any military or naval station? _____YES ____NO

5. If the answer to Question 4 is "yes", specify whether the business is (a) _____ a hotel offering restaurant services; (b) _____ a regularly organized club; (c) _____ a restaurant; (d) _____ a food shop or other place where the sale of alcoholic liquor is not the principle business carried on. Give exact date business specified was established: _____.

6. Do you lease the premises designated in Question 3? _____YES ____NO
   If the answer is "yes", when does the lease expire? _____
   NOTE: A current and valid copy of the lease must accompany this application.

7. Will this business be conducted by a manager or agent that is someone other than the applicant or an officer of the Corporation? _____YES ____NO

8. Are you, or is any other person that is directly or indirectly interested in this business, a law enforcing public official? _____YES ____NO
   If "yes", describe the office or position held: _____

9. Have you, a co-partner in the case of a partnership, or any officer, manager, director, or any stockholder owning or controlling the voting rights in the aggregate more than 20% of the stock of the corporation, been issued a Federal Gaming Stamp or Federal Waging Stamp by the Federal Government for the current tax period? _____YES ____NO

10. Has a Federal Gaming Device Stamp or Federal Wagering Stamp been issued by the Federal Government for the current tax period on the premises for which you are making this application for a liquor license? _____YES ____NO

11. Federal Identification Number FEIN: _____

12. Illinois Business Tax Number:_____

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SECTION I
INDIVIDUAL

Please answer every question. If the question does not pertain to you, please put N/A.

1. Name of individual: _____

2. Residential Address:_ _____

3. Please list all addresses at which you have resided in the past ten (10) years:

   _____

   _____

4. Date of Birth: _____

5. Place of Birth (City & State): _____

6. Are you a citizen of the United States? _____ YES _____ NO

7. If you are a naturalized citizen of the United States, give time and place you were naturalized: _____

8. Describe the type of business to be conducted at place to be licensed & the length of time you have been engaged in the business of this character: _____

9. Have you made an application for a license to sell at retail alcoholic liquor on premises other than described in this application to this or any other state or political subdivision thereof? _____ YES _____ NO
   If the answer is "yes", give date, location and disposition of such application on a separate sheet.

10. Prior hereto, have any liquor license held by you, issued by any state or subdivision thereof, or by the Federal Government, been revoked or suspended? _____ YES _____ NO
    If the answer is "yes", state reasons thereof, and if a suspension, state the length of each suspension on a separate sheet.

11. Have you ever been charged or convicted of a felony? _____ YES _____ NO

    Keeper of house of ill fame? _____YES _____NO Prostitution? _____YES _____NO

    Crime of decency or morality? _____YES _____NO Pandering? _____YES _____NO

    Gambling? _____YES _____NO

    Are you otherwise disqualified to receive a license by reason of any matter contained in the Liquor Code of the City of Fairview Heights?
    _____YES _____NO

    If any answer to Question 11 is "yes", give dates, locations and results of any such charges or violations on a separate sheet of paper.

12. Are you an alcoholic, or have you received treatment for alcoholism, or been involved in an incident involving the police, including traffic, in which you were intoxicated? _____ YES _____ NO
    If answer to Question 12 is "yes", give dates, locations, and dispositions of such treatment or incident on a separate sheet of paper.

13. Have you been involved in a battery, assault, fight or public disorder? _____ YES _____ NO
    If answer to Question 13 is "yes", give dates, locations, and dispositions of such incident on a separate sheet of paper.

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SECTION II
PARTNERSHIP

Please answer every question. If it does not pertain to you, please put N/A.

1. Name of Partnership: _____

2. Name of Persons who have an interest in the partnership or who are entitled to share in the profits of such partnership:

   (a) Name:_____ Title:_____

   Address:_____ DOB: _____

   Are you a United States Citizen? _____ YES _____ NO If naturalized, time and place of naturalization: _____

   (b) Name:_____ Title:_____

   Address:_____ DOB: _____

   Are you a United States Citizen? _____ YES _____ NO If naturalized, time and place of naturalization: _____

   (c) Name:_____ Title:_____

   Address:_____ DOB: _____

   Are you a United States Citizen? _____ YES _____ NO If naturalized, time and place of naturalization: _____

   (d) Name:_____ Title:_____

   Address:_____ DOB: _____

   Are you a United States Citizen? _____ YES _____ NO If naturalized, time and place of naturalization: _____

   (e) Name:_____ Title:_____

   Address:_____ DOB: _____

   Are you a United States Citizen? _____ YES _____ NO If naturalized, time and place of naturalization: _____

3. Describe the type of business to be conducted at place to be licensed: _____

4. How long has each person listed in Question 2 been engaged in business of this character?

   (a) _____

   (b) _____

   (c) _____

   (d) _____

   (e) _____

5. Has any person referred to in Question 2 made an application for a license to sell at retail alcoholic liquor on premises other than described in this application to this or any other State or political subdivision thereof? _____YES_____NO

   If so, give date, location, and disposition of such application: _____

6. Prior hereto, has any liquor license held by any individual listed in Question 2, issued by any State or subdivision thereof, or by the Federal Government, been revoked or suspended? _____YES_____NO

7. Have any person listed in Question 2 ever been charged or convicted of a felony? _____ YES _____ NO

   Keeper of house of ill fame? _____YES _____NO Prostitution? _____YES _____NO

   Crime of decency or morality? _____YES _____NO Pandering? _____YES _____NO

   Gambling? _____YES _____NO

   Are you otherwise disqualified to receive a license by reason of any matter contained in the Liquor Code of the City of Fairview Heights? _____YES _____NO

8. Is any person listed in Question 2 an alcoholic or ever been treated for alcoholism or any drinking problem, or has any person been involved in any incident involving the police, including traffic, in which case they were intoxicated? _____YES_____ NO

   If answer to Question 8 is "yes", give dates, locations, and dispositions of such treatment or incident on a separate sheet.

9. Has any person listed in Question 2 been involved in any battery, assault, fight or public disorder? _____YES_____ NO

   If answer to Question 8 is "yes", give dates, locations, and dispositions of any such incident on a separate sheet.

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SECTION III
CORPORATION

Please answer every question. If the question does not pertain to you, please put N/A.

1. Name of Corporation: _____

2. Date of Incorporation: _____

3. Date Charter issued: _____

4. For what purpose was the Charter issued? _____

5. Names, addresses, and dates of birth for each officer, director, manager; also any stockholders owning or controlling the voting rights to more than 5% of the stock of the Corporation. If application is for a Class C (club) license, please provide information on the President and Secretary.

   (a) Name:_____ Title:_____

   Address:_____ DOB: _____

   Are you a United States Citizen? _____ YES _____ NO If naturalized, time and place of naturalization: _____

   (b) Name:_____ Title:_____

   Address:_____ DOB: _____

   Are you a United States Citizen? _____ YES _____ NO If naturalized, time and place of naturalization: _____

   (c) Name:_____ Title:_____

   Address:_____ DOB: _____

   Are you a United States Citizen? _____ YES _____ NO If naturalized, time and place of naturalization: _____

   (d) Name:_____ Title:_____

   Address:_____ DOB: _____

   Are you a United States Citizen? _____ YES _____ NO If naturalized, time and place of naturalization: _____

   (e) Name:_____ Title:_____

   Address:_____ DOB: _____

   Are you a United States Citizen? _____ YES _____ NO If naturalized, time and place of naturalization: _____

6. Give character of business to be conducted at place to be licensed: _____

7. How long has the Corporation been engaged in business of this character? _____

8. Has any person referred to in Question 5 made an application for a license to sell at retail alcoholic liquor on premises other than described in this application to this or any other State or political subdivision thereof? _____YES _____NO
   If so, give date, location, and disposition of such application: _____

9. Prior hereto, has any liquor license held by any individual listed in Question 39, issued by any State or subdivision thereof, or by the Federal Government, been revoked or suspended? _____YES _____NO

10. Has any person listed in Question 5 ever been charged or convicted of a felony? _____ YES _____ NO

    Keeper of house of ill fame? _____YES _____NO Prostitution? _____YES _____NO

    Crime of decency or morality? _____YES _____NO Pandering? _____YES _____NO

    Gambling? _____YES _____NO

    Are any persons listed in Question 5 otherwise disqualified to receive a license by reason of any matter contained in the Liquor Code of the City of Fairview Heights? _____YES _____NO

    If any answer to Question 44 is "yes", give dates, locations and results of any such charges or convictions on a separate sheet.

11. Is any person listed in Question 5 an alcoholic or ever been treated for alcoholism or any drinking problem, or has any person been involved in any incident involving the police, including traffic, in which case they were intoxicated? _____YES _____ NO

    If answer to Question 11 is "yes", give dates, locations, and dispositions of such treatment or incident on a separate sheet.

12. Has any person listed in Question 39 been involved in any battery, assault, fight or public disorder? _____YES _____ NO

    If answer to Question 12 is "yes", give dates, locations, and dispositions of any such incident on a separate sheet.

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SECTION IV
LIMITED LIABILITY COMPANY (LLC)

Please answer every question. If the question does not pertain to you, please put N/A.

1. Name of Company: _____

2. Company's mailing address: _____

3. Company's telephone number: _____

4. Company's business telephone number: _____

5. Company's email address: _____

6. Names, addresses, and dates of birth for each officer, director, manager; also any stockholders owning or controlling the voting rights to more than 5% of the stock of the Corporation. If application is for a Class C (club) license, please provide information on the President and Secretary.

   (a) Name:_____ Title:_____

   Address:_____ DOB: _____

   Are you a United States Citizen? _____ YES _____ NO If naturalized, time and place of naturalization:_____

   (b) Name:_____ Title:_____

   Address:_____ DOB: _____

   Are you a United States Citizen? _____ YES _____ NO If naturalized, time and place of naturalization:_____

   (c) Name:_____ Title:_____

   Address:_____ DOB: _____

   Are you a United States Citizen? _____ YES _____ NO If naturalized, time and place of naturalization:_____

   (d) Name:_____ Title:_____

   Address:_____ DOB: _____

   Are you a United States Citizen? _____ YES _____ NO If naturalized, time and place of naturalization:_____

   (e) Name:_____ Title:_____

   Address:_____ DOB: _____

   Are you a United States Citizen? _____ YES _____ NO If naturalized, time and place of naturalization: _____

7. Is the company organized in the State of Illinois? (Attach a copy of the articles of organization) _____YES _____NO

8. Is the company a foreign limited liability company which is qualified under the "Business Corporation Act" of 1983 (805 ILCS 180/1.1 et seq.) to transact business in Illinois? (Attach a copy of the Articles for Authority to Transact Business in Illinois) _____YES _____NO

9. Give character of business to be conducted at place to be licensed: _____

10. How long has the LLC been engaged in business of this character? _____

11. Has any person referred to in Question 6 made an application for a license to sell at retail alcoholic liquor on premises other than described in this application to this or any other State or political subdivision thereof? _____YES _____NO

    If so, give date, location, and disposition of such application: _____

12. Prior hereto, has any liquor license held by any individual listed in Question 6, issued by any State or subdivision thereof, or by the Federal Government, been revoked or suspended? _____YES _____NO

13. Has any person listed in Question 6 ever been charged or convicted of a felony? _____ YES _____ NO

    Keeper of house of ill fame? _____YES _____NO Prostitution? _____YES _____NO

    Crime of decency or morality? _____YES _____NO Pandering? _____YES _____NO

    Gambling? _____YES _____NO

    Are any persons listed in Question 6 otherwise disqualified to receive a license by reason of any matter contained in the Liquor Code of the City of Fairview Heights? _____YES _____NO

    If any answer to Question 13 is "yes", give dates, locations and results of any such charges or convictions on a separate sheet.

14. Is any person listed in Question 6 an alcoholic or ever been treated for alcoholism or any drinking problem, or has any person been involved in any incident involving the police, including traffic, in which case they were intoxicated? _____YES _____ NO

    If answer to Question 14 is "yes", give dates, locations, and dispositions of such treatment or incident on a separate sheet.

15. Has any person listed in Question 6 been involved in any battery, assault, fight or public disorder? _____YES _____ NO

    If answer to Question 15 is "yes", give dates, locations, and dispositions of any such incident on a separate sheet.

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SECTION V
SUBCLASS "1" LICENSE

A holder of Class A, C, D, or E license may apply for a subclass 1 license. This subclass license may be obtained for the retail sale of alcoholic beverages in an outdoor beer garden or sidewalk café adjacent to and part of the licensed premises.

Subclass "1" license _____ YES _____ NO

_____ Please attach a scale drawing of the proposed outdoor facility.

_____ Submit with initial application a complete list of the names and addresses of the last person to whom taxes were assessed for any property within 500 feet of the proposed site, together with a sworn statement that the applicant has caused notices to be sent to all such property owners, advising them of the pendency of the request and that they have an opportunity pursuant to this section to request that a hearing may be held before the Local Liquor Commissioner prior to the issuance of the supplemental license.

----------For Office Use Only----------

Approved _____ Denied _____

_____ _____

Mark T. Kupsky, Liquor Commissioner

SECTION VI
SUBCLASS "2" LICENSE

A holder of Class D license may make application to the Liquor Commissioner for a Subclass "2" license in addition to the retail sale on the premises specified of alcoholic liquor for consumption on the premises authorized by a Class D license, this subclass license may be obtained for the retail sale of alcoholic liquor in the original, unaltered form packaged for consumption off the premises where sold; provided, that a Subclass "2" licensed establishment shall not sell individual containers of beer in volume of sixteen ounces or less. The term of supplemental licenses shall be for the term of the license held, it shall be unlawful for any licensee to operate as provided in any subclass of licenses without holding a current valid Subclass license for such operation. Before the issuance, denial, renewal, continuation or termination of any supplemental license, the Local Liquor Control Commissioner shall consider the following issues:

1. The zoning classification of the licensed premises.
2. The character of the surrounding area.
3. Any statements of interested persons, either oral or written.
4. The impact of such proposed or existing Subclass license on the character of and the traffic and parking situation in the immediate neighborhood.
5. Any past operating history of the licensee and the proposed site.
6. Whether the operation of the licensee conforms to all requirements of this Chapter for the supplemental license requested.

Subclass "2" license _____ YES _____ NO

---------- For Office Use Only----------

Approved _____ Denied _____

_____

Mark T. Kupsky, Liquor Commissioner

City of Fairview Heights Liquor License Application
MANAGER FORM

This form must be completed by **the manager of the business**. Please answer **ALL** questions. This application will not be accepted unless all questions are answered. Attach separate sheets if needed.

Full Name: _____
Last First Middle Maiden

Address: _____

City: _____ State: _____ Zip Code: _____

Phone Number(s): Home: _____ Business: _____

Sex: _____ Male _____ Female U.S. Citizen? _____ YES _____ NO Date of Birth: _____

Place of Birth (City & State):_____

Driver's License State: _____ Driver's License Number: _____ Last Four of SSN: _____
You must attach a copy of your driver's license to this form.

All Places of Employment (past 10 years)

_____

_____

List all previous arrests (dates, locations, and charges):

_____

_____

Are you an alcoholic or have you received treatment for alcoholism or a drinking problem, or have you been involved in any incident involving the police, including traffic, in which you were intoxicated? _____ YES _____ NO

Have you been involved in any battery, assault, fight or public disorder: _____ YES _____ NO

List any other business you have ever had ownership in which held a liquor license (dates & location):

_____

_____

List all persons having any financial interest in the business for which you are making this application:

_____

_____

List all previous addresses (past 5 years):

_____

_____

SIGNED: _____ **DATE:** _____

Subscribed and sworn to before me this _____ day of _____, 20____.

_____
Notary Public

Notary Seal

Date: _____
Approved:

_____
Mark T. Kupsky, Mayor, **Liquor Commissioner**

_____
Steve Johnson, **Chief of Police**

AFFIDAVIT

I (We), swear (or affirm), and I (or We) have proof of dram shop insurance coverage for (1) injury to the person or property; and (2) loss of means of support resulting from death or injury of any person in an amount not less than the maximum recovery allowed under the Illinois Liquor Control Act of 1934, 235 ILCS 5/6-21.

I (We) swear that I (we) are the sole owners of the business described in this application, that the premises applied in this application comply in all respects with the requirements of the Illinois Liquor Control Law and the Liquor Code of the City of Fairview Heights and that we are qualified to obtain a license under the Illinois Liquor Control Law and the Liquor Code of the City of Fairview Heights.

I (We) swear that I (we) are fully informed as to the provisions of the Illinois Liquor Law and the Liquor Code of the City of Fairview Heights and that I (we) will not violate any of the laws of the State of Illinois or the Ordinance of the City of Fairview Heights in the conduct of the place of business described herein and that the statements contained in this application and other attachments made a part of this application are true and correct.

_____
Print Name of Licensee

_____ _____
Signature of Licensee Title

_____
Print Name of Licensee

_____ _____
Signature of Licensee Title

NOTE: If partnership, corporation, or limited liability company, application must be signed by two members.

Subscribed and sworn to before me this _____ day of _____, _____.

Notary Seal

_____
Notary Public

---------- **FOR OFFICE USE ONLY** ----------

License Number: _____

Class: _____

Business Name: _____

Amount Paid: _____

Date Paid: _____

APPROVED:

_____ _____
Mark T. Kupsky, Liquor Commissioner Date

_____ _____
Steve Johnson, Chief of Police Date

Comments: